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2008

Open to Public  
InspectionForm **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury  
Internal Revenue Service**A For the 2008 calendar year, or tax year beginning**

07/01, 2008, and ending

06/30/2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b>		<b>D Employer identification number</b>
		MONCRIEF CEMETERY CARE FD U/A 1055001342		63-6074900
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite C/O REGIONS BANK, P.O. BOX 11647 City or town, state or country, and ZIP + 4 BIRMINGHAM, AL 35202-1647		<b>E Telephone number</b> (205) 264-5897
				<b>F Group Exemption Number</b> . . . ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method:** ☒ Cash ☐ Accrual  
Other (specify) ▶

**I Website:** ▶ N/A**J Organization type** (check only one) - ☒ 501(c) ( 13 ) ◀ (insert no.) 4947(a)(1) or 527

**H Check** ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K Check** ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 361,993.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	30,317.
	5 a	Gross amount from sale of assets other than inventory . . . . .	5a	331,676.
	b	Less cost or other basis and sales expenses . . . . .	5b	494,854.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c	-163,178.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . . .		
	a	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	6a	
	b	Less direct expenses other than fundraising expenses . . . . .	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		
7 a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe ▶ . . . . .)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	-132,861.	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule) . . . . .	10	15,650.
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	7,123.
	13	Professional fees and other payments to independent contractors . . . . .	13	600.
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe ▶ . . . . .)	16	123.
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	23,496.
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-156,357.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	840,534.
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	-2,629.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	681,548.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	840,534.	681,548.
23 Land and buildings . . . . .		
24 Other assets (describe ▶ . . . . .)		
25 <b>Total assets</b> . . . . .	840,534.	681,548.
26 <b>Total liabilities</b> (describe ▶ . . . . .)		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	840,534.	681,548.

95 9<sup>9</sup>ENVELOPE  
POSTMARK DATE JAN 18 2010

SCANNED JAN 25 2010

## Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

28 STMT 6

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

**28a**

29

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

**29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

**30a**

**31** Other program services (attach schedule) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

31a

**32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶

32

15,650.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b> Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b> Section 501(c)(7) organizations. Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</b> Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
<b>41</b> List the states with which a copy of this return is filed. ▶ _____		
<b>42a</b> The books are in care of ▶ <u>REGIONS BANK</u> . . . . . Telephone no. ▶ <u>(205) 264-5897</u> Located at ▶ <u>P O BOX 11647, BIRMINGHAM, AL</u> . . . . . ZIP + 4 ▶ <u>35202</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
If "Yes," enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

Form **990-EZ** (2008)

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . **46** ☐ Yes ☐ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . . **47** ☐ Yes ☐ No
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** ☐ Yes ☐ No
- b If "Yes," was the related organization(s) a section 527 organization? . . . . . **49b** ☐ Yes ☐ No
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶		NONE		

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 . . . . . ▶		NONE

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

REGIONS BANK, TRUSTEE  
 Signature of officer *Julie Schinka* Date 01/12/2010  
 TRUST OFFICER  
 Type or print name and title.

**Paid Preparer's Use Only** Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ☐ Preparer's Identifying Number (See instructions) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_  
 Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

Form 990-EZ (2008)

FORM 990EZ, PART I - INVESTMENT INCOME  
=====DESCRIPTION  
-----DIVIDEND INCOME  
INTEREST INCOME30,049.  
268.

TOTAL

-----  
30,317.

=====

MONCRIEF CEMETERY CARE FD U/A 1055001342

63-6074900

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID OVER \$5,000

=====

RECIPIENT NAME:

MONCRIEF CEMETERY CARE FUND

ADDRESS:

P.O. BOX 425

GARDENDALE, AL 35071-0425

RELATIONSHIP:

NONE

AMOUNT OF GRANT PAID ..... 15,650.

TOTAL GRANTS PAID OVER \$5,000:

15,650.

=====

STATEMENT 2

## FORM 990EZ, PART I - OTHER EXPENSES

=====

FOREIGN TAXES ON QUALIFIED FOREIGN DIVIDENDS	42.
FOREIGN TAXES ON NONQUALIFIED FOREIGN DIVIDENDS	81.
	-----
TOTAL	123.
	=====



FORM 990EZ, PART I - OTHER DECREASES IN FUND BALANCES  
=====

MUTUAL FUND POSTING

2,629.

-----

TOTAL

2,629.

=====

## FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
SAVINGS	27,719.	24,525.
INVESTMENTS - SECURITIES	812,815.	657,023.
TOTALS	840,534.	681,548.
	=====	=====

MONCRIEF CEMETERY CARE FD U/A 1055001342

63-6074900

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
=====

DESCRIPTION  
-----

EXPENSES  
-----

PERPETUAL CARE/MAINTENANCE OF MONCRIEF CEMETERY

15,650.

TOTAL

-----  
15,650.  
=====

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES  
=====

## OFFICER NAME:

REGIONS BANK

## ADDRESS:

P O BOX 11647

BIRMINGHAM, AL 35202

## TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION ..... 7,123.

COMPENSATION EXPLANATION:

TRUSTEE FEES

## OFFICER NAME:

STEVE HANCOCK

## ADDRESS:

241 WEST SHUGERT RD

GARDENDALE, AL 35071-2422

## TITLE:

PRESIDENT OF BOARD OF TRUSTEES

## OFFICER NAME:

BARTEE WORTHINGTON

## ADDRESS:

P.O. BOX 425

GARDENDALE, AL 35071-0425

## TITLE:

TREASURER

TOTAL COMPENSATION:

7,123.

=====

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

► **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

**2008**

Name of estate or trust

MONCRIEF CEMETERY CARE FD U/A 1055001342

Employer identification number

63-6074900

**Note:** Form 5227 filers need to complete *only* Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					
<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .					<b>1b</b> -22,061.
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .					<b>2</b>
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .					<b>3</b>
<b>4</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet . . . . .					<b>4</b> ( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . ►					<b>5</b> -22,061.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					
LONG-TERM CAPITAL GAIN DIVIDENDS		STMT 1			4,199.
<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .					<b>6b</b> -145,316.
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .					<b>7</b>
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .					<b>8</b>
<b>9</b> Capital gain distributions . . . . .					<b>9</b>
<b>10</b> Gain from Form 4797, Part I . . . . .					<b>10</b>
<b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet . . . . .					<b>11</b> ( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back . . . . . ►					<b>12</b> -141,117.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2008

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
<b>Caution: Read the instructions before completing this part.</b>				
13. Net short-term gain or (loss) . . . . .	13			-22,061.
14. Net long-term gain or (loss):				
a Total for year . . . . .	14a			-141,117.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . .	14b			
c 28% rate gain . . . . .	14c			
15. Total net gain or (loss). Combine lines 13 and 14a . . . . . ▶	15			-163,178.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

### Part IV Capital Loss Limitation

16. Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	16	( 3,000 )
a The loss on line 15, column (3) or b \$3,000 . . . . .		

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

### Part V Tax Computation Using Maximum Capital Gains Rates

**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17. Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . .	17		
18. Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	18		
19. Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . .	19		
20. Add lines 18 and 19 . . . . .	20		
21. If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	21		
22. Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	22		
23. Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	23		
24. Enter the <b>smaller</b> of the amount on line 17 or \$2,200 . . . . .	24		
25. Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23 . . . . .	25		
26. Subtract line 25 from line 24 . . . . .	26		
27. Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the <b>smaller</b> of line 17 or line 22 . . . . .	27		
28. Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	28		
29. Subtract line 28 from line 27 . . . . .	29		
30. Multiply line 29 by 15% (.15) . . . . .	30		
31. Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) . . . . .	31		
32. Add lines 30 and 31 . . . . .	32		
33. Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) . . . . .	33		
34. Tax on all taxable income. Enter the <b>smaller</b> of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T) . . . . .	34		

Schedule D (Form 1041) 2008

Department of the Treasury  
Internal Revenue Service

▶ See instructions for Schedule D (Form 1041).

OMB No. 1545-0092

2008

MONCRIEF CEMETERY CARE FD U/A 1055001342

63-6074900

[illegible]

<b>1b Total.</b> Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . .	<b>-22,061.00</b>
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**For Paperwork Reduction Act Notice, see the Instructions for Form 1041.**

Schedule D-1 (Form 1041) 2008

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

MONCRIEF CEMETERY CARE FD U/A 1055001342

63-6074900

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 766.663 AMERICAN CENTURY LARGE CO VALUE-IS	08/14/2007	12/29/2008	3,159.00	5,712.00	-2,553.00
6172.702 AMERICAN CENTURY LARGE CO VALUE-IS	08/14/2007	01/23/2009	23,827.00	45,987.00	-22,160.00
1563.837 AMERICAN CENTURY LARGE CO VALUE-IS	08/14/2007	04/20/2009	5,958.00	11,651.00	-5,693.00
981.755 FIDELITY ADVISOR DIVERSIFIED INTL FUND #	12/27/2007	12/29/2008	11,752.00	23,084.00	-11,332.00
767.449 PIONEER BOND FUND CLASS Y FD #0703	12/01/1989	09/26/2008	6,731.00	6,815.00	-84.00
41.97 PIONEER SMALL CAP VALUE FUND CLASS Y FD	12/20/2006	08/12/2008	951.00	1,366.00	-415.00
611.92 PIONEER SMALL CAP VALUE FUND CLASS Y FD	11/27/2007	01/23/2009	8,444.00	19,553.00	-11,109.00
143.457 PIONEER SMALL CAP VALUE FUND CLASS Y FD	02/13/2008	04/20/2009	2,031.00	3,687.00	-1,656.00
472.913 PIONEER LARGE CAP GROWTH FUND CLASS Y FD	03/22/2004	08/12/2008	5,736.00	5,898.00	-162.00
280.856 PIONEER LARGE CAP GROWTH FUND CLASS Y FD	11/27/2007	12/29/2008	2,297.00	3,811.00	-1,514.00
3555.927 PIONEER LARGE CAP GROWTH FUND CLASS Y FD	11/27/2007	01/23/2009	28,803.00	41,513.00	-12,710.00
935.535 PIONEER LARGE CAP GROWTH FUND CLASS Y FD	07/30/2002	04/20/2009	8,046.00	10,004.00	-1,958.00
226.295 PIONEER VALUE FUND CLASS Y FD #0702	03/20/2007	12/29/2008	1,924.00	3,812.00	-1,888.00
3121.424 PIONEER VALUE FUND CLASS Y FD #0702	12/27/2007	01/23/2009	25,689.00	48,487.00	-22,798.00
724.132 PIONEER VALUE FUND CLASS Y FD #0702	02/13/2008	04/20/2009	5,916.00	10,297.00	-4,381.00
763.039 RMK MID CAP GROWTH FUND	12/20/2007	01/23/2009	7,432.00	14,133.00	-6,701.00
254.433 RMK MID CAP GROWTH FUND	03/25/2008	04/20/2009	2,677.00	4,004.00	-1,327.00
389.676 RMK GROWTH FD CL I	08/14/2007	12/29/2008	5,031.00	7,419.00	-2,388.00
2226.995 RMK GROWTH FD CL I	08/14/2007	01/23/2009	28,706.00	42,402.00	-13,696.00
582.694 RMK GROWTH FD CL I	08/14/2007	04/20/2009	7,546.00	11,094.00	-3,548.00
84.939 RMK VALUE FD CL I	08/14/2007	12/29/2008	995.00	1,554.00	-559.00
1106.391 RMK VALUE FD CL I	08/14/2007	01/23/2009	12,281.00	20,247.00	-7,966.00
268.792 RMK VALUE FD CL I	03/25/2008	04/20/2009	2,938.00	4,966.00	-2,028.00
129.518 RMK MID CAP VALUE FUND	11/14/2007	12/29/2008	835.00	1,456.00	-621.00
1053.963 RMK MID CAP VALUE FUND	12/20/2007	01/23/2009	6,587.00	11,773.00	-5,186.00

**6b Total.** Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . .

Schedule D-1 (Form 1041) 2008





FEDERAL CAPITAL GAIN DIVIDENDS  
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LONG-TERM CAPITAL GAIN DIVIDENDS  
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15% RATE CAPITAL GAIN DIVIDENDS

LONG-TERM 15% CAPITAL GAIN DIVIDENDS

4,199.00

TOTAL 15% RATE CAPITAL GAIN DIVIDENDS

4,199.00

TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS

4,199.00

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1255000321 MONCRIEF CEMETERY CAR FUND U/A 63-6074900

ATTACHEMENT TO FORM 990-EZ FOR THE TAX YEAR ENDED 06/30/2009  
PART II, Balance Sheet

CUSIP/ Description	Units	Price	Tax Cost	Book Value					
CASH									
025076779 AMERICAN CENTURY LARGE CO VALUE-IS	<u>3,095.562000</u>	4.210	20,350.23	20,350.23					
29875E100 AMERICAN EUROPACIFIC GRTH- F2	<u>242.263000</u>	31.550	6,637.12	6,637.12					
552983470 MFS RESH INTL FD CL I	<u>656.086000</u>	11.850	11,011.36	11,011.36					
693390882 PIMCO FOREIGN BOND U.S. DOLLAR HEDGED #103	<u>5,635.951000</u>	9.560	54,090.92	54,090.92					
723622403 PIONEER BOND FUND CLASS Y FD #0703	<u>55,608.790000</u>	8.550	477,623.60	477,623.60					
72375Q405 PIONEER MID CAP VALUE FUND CLASS Y FD #0710	<u>299.078000</u>	15.780	6,242.12	6,242.12					
72387Q500 PIONEER SMALL CAP VALUE FUND CLASS Y FD #0721	<u>293.336000</u>	16.390	6,447.36	6,447.36					
72387T108 PIONEER SMALL CAP GROWTH FUND	<u>255.355000</u>	19.260	5,962.77	5,962.77					

CLASS A FD #0044

72387T793 PIONEER SELECT MID CAP GROWTH Y	<u>398.670000</u>	12.030	6,177.24	6,177.24					
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72387T801      1,490.742000      9.530      15,640.26      15,640.26  
PIONEER LARGE CAP  
GROWTH FUND  
CLASS Y FD #0748

72387T868 PIONEER GROWTH FUND Y	<u>989.048000</u>	14.680	18,671.88	18,671.88					
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72387X406      460.592000      14.210      9,647.47      9,647.47  
PIONEER CULLEN  
VALUE FUND CLASS  
Y FD #0765

724010509 PIONEER VALUE FUND CLASS Y FD #0702	<u>1,460.666000</u>	8.880	18,520.78	18,520.78					
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999990146      24,525.180000      1.000      24,525.18      24,525.18  
REGIONS TRUST  
MONEY MARKET  
DEPOSIT ACCOUNT

Total Portfolio			<u>681,548.29</u>	<u>681,548.29</u>					
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